

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
REORGANIZATION REFERENCE GUIDE
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California Department of Health Services
Reorganization
Questions and Answers

Purpose

The purpose of this document is to capture questions and answers regarding the reorganization that has come from many sources into a single resource or reference document. The questions and answers are categorized to facilitate your review.

Background

Senate Bill 162 establishes a California Department of Public Health (CDPH) within the existing Health and Human Services Agency and would statutorily transfers certain responsibilities from the California Department of Health Services (CDHS) to the new CDPH, effective July 1, 2007. At the same time, CDHS is renamed as the Department of Health Care Services (DHCS). The Governor has appointed a State Public Health Officer to lead the new CDPH.

Questions and Answers

General

1. What is happening to the California Department of Health Services?
 - a. The department will be reorganized into two smaller departments—the new CDPH and DHCS.
2. Why is the department being reorganized?
 - a. There are several benefits to the reorganization of the CDHS into CDPH and DHCS:
 1. To provide more focused leadership in public health and health care financing at the state level.
 2. To streamline management of complex program components along functional lines.
 3. To create a more effective public health infrastructure in California resulting in decreased illness, injury, and death rates.
 4. To provide greater protection for California residents in the event of an act of bioterrorism or other major public health emergency.
 5. To increase accountability, responsiveness, effectiveness and transparency for the public health and health care purchasing functions of state government.

6. To provide visibility on important health care issues to providers, local health departments, federal government, Legislature, advocates, press and general public.
 7. To recruit and retain top quality staff for the new Departments.
3. What led to this proposed reorganization and why are you doing it now?
- a. This is not the first time the Department has undergone reorganization. In 1973, the Department of Public Health was consolidated with the Health Care Services Department (Medi-Cal) and the Department of Mental Hygiene into a new Department of Health, which encompassed the full spectrum of public health and health care delivery programs in state government. This centralization was perceived as resolving the fragmentation, which was said to prevent effective planning, create confusion at both the state and local level, and limit the state's ability to achieve maximum benefit from its expenditures for health. As a result of dissatisfaction with the consolidated Department of Health, a reorganization in 1977 resulted in establishment of the current Department of Health Services, which includes operation of the Medi-Cal program and all the traditional public health functions performed by the consolidated Department of Health. Other functions were spun off into new Departments, such as the Department of Mental Health, the Department of Alcohol and Drug Programs, and the Department of Developmental Services.
 - b. In recent years, the prominence of public health concerns in public policy has risen.
 - c. Bioterrorism, emerging infectious diseases and the threat of pandemic influenza have made it more obvious and urgent that we must be organized in a way that maximizes our resources, efficiency and public health preparedness.
 - d. The California Performance Review recommended establishing a separate CDPH to increase attention on emergency preparedness and core public health activities. This was also recommended by the Little Hoover Commission.
4. What is the mission of DHCS and CDPH?
- a. The mission of the DHCS will be to protect and promote the health status of Californians through the financing and delivery of individual health care services.
 - b. The mission of the new CDPH will be to protect and promote the health status of Californians through population-based public health programs and services.

5. What will these new departments do?
- a. For CDPH, the Department's structure organizes public health responsibilities into five programmatic Centers, each of which emphasizes a distinct aspect of public health – preventing chronic disease, injury, and environmental and occupational exposures; combating infectious diseases; promoting family health; regulating the environment; and providing quality services through licensed providers. These Centers provide high level visibility on important public health issues to local health departments, health care providers, the federal government, the Legislature, advocates, the press, and the general public. Two other major public health functions—Public Health Emergency Preparedness and Response, and Health Information and Strategic Planning— crosscut the five programmatic Centers, complementing their activities and strengthening California's public health system. The centers neither create new programs nor eliminate existing programs. The centers regroup existing programs to emphasize distinct programmatic domains and focus for public health:
1. Center for Chronic Disease Prevention and Health Promotion comprises the existing:
 - Division of Chronic Disease and Injury Control
 - Division of Environmental and Occupational Disease Control
 2. Center for Infectious Disease comprises the existing:
 1. Office of AIDS
 2. Division of Communicable Disease Control (including VRDL and MDL)
 3. National Laboratory Training Network (currently in the Division of Laboratory Science)
 3. Center for Family Health comprises those functions currently within the Primary Care and Family Health that go to CDPH:
 1. WIC
 2. Maternal, child, and adolescent health (Title V)
 3. Genetic diseases
 4. Center for Environmental Health comprises the existing:
 1. Division of Food Drug and Radiation Safety
 2. Division of Drinking Water and Environmental Management
 3. Environmental Laboratory Accreditation Program (currently in the Division of Laboratory Science)
 5. Center for Health Care Quality comprises the existing:
 1. Licensing and Certification

2. Laboratory Field Services, which licenses certain types of clinical laboratory facilities and personnel (currently in the Division of Laboratory Science)
- b. Laboratory Central Services, which provides centralized professional and technical support (supplies, specimen receiving, etc.) to the public health laboratories at the Richmond Campus, will reside in the Administration Division, which currently is responsible for operating and maintaining the Richmond Campus.
- c. In addition, an Associate Director of External Affairs manages the Department's contact with external public health partners through Public Affairs, Legislative and Governmental Affairs, the Office of Multicultural Health, the Office of Binational Border Health, and the Public Health Advisory Committee. Notably, laboratory sciences will be decentralized: Laboratory Field Services is aligned with the Center for Healthcare Quality, the Environmental Laboratory Accreditation Program is aligned with the Center for Environmental Health, and Laboratory Central Services will be part of the Administration Division.
- d. DHCS will restructure the four Divisions under the current CDHS Medical Care Services into eleven new programs: Managed Care; Provider Enrollment; Third Party Liability; Systems of Care; Fiscal Intermediary and Contracts Oversight; Utilization Management; Office of Long Term Care; Eligibility; Pharmacy Benefits; Medi-Cal Benefits, Waivers, Analysis and Rates; and Safetynet Financing. The new Systems of Care Division will include Coordinated Care Management and Medical Case Management Programs from the former Operations Division. Systems of Care also will include California Children's Services, Child Health and Disability Prevention; Genetically Handicapped Persons Program, and Newborn Hearing Screening from Primary Care and Family Health. Safetynet Financing will include Primary and Rural Health Care Systems from Primary Care and Family Health; Disproportionate Share Hospital from the former Operations Division; and Medi-Cal Administrative Activities and Local Education Agency from the former Policy Division. Long Term Care will include Home and Community Based Waivers.
- e. The new DHCS structure also integrates the Office of Clinical Preventive. In addition, the Office of Women's Health will remain in DHCS and will provide policy advice on women's health issues to CDPH.
- f. Both Departments will have their own support services Divisions, including Legal Services, Legislative Affairs, Public Affairs, Administration, Information Technology Services, Civil Rights, and Audits.

6. When will this reorganization occur?
 - a. The reorganization is effective July 1, 2007.
7. Who is affected by this reorganization?
 - a. The reorganization will affect all employees, contractors, stakeholders, and citizens as complex program components are managed along functional lines resulting in decreased illness, injury, and death rates; greater protection in the event of an act of bioterrorism or other major public health emergency; and greater visibility on important health care issues.
 - b. In the near term, there will be no significant changes to the way the new Departments deliver services formerly provided by CDHS. Over time, services provided by CDPH and DHCS will improve through more focused leadership in the state's public health and health care purchasing responsibilities.
 - c. The Department split also impacts the way services are delivered to citizens. In the near term, there will be no changes to the way the new Departments deliver those services formerly provided by CDHS. Over time, services to CDPH clients will improve through protecting, promoting and advancing public health issues and services, demonstrating leadership in public health practices and sciences, and effectively responding to public health needs. DHCS clients will see improvements through more focused leadership in the state's health care purchasing, increased accountability, and enhanced responsiveness to emerging healthcare trends.
 - d. In addition, the split affects how the Department deals with providers, plans and other businesses. In the near term, there will be no changes to the way the new Departments deliver those services formerly provided by CDHS. Contracts effective after July 1 will be executed under the names of the new Departments as applicable. Contracts effective or executed prior to July 1 with CDHS will be transferred to the new Department with which the contract is associated, and SB 162 provides that no name changes are required.
 - e. Stakeholders, including city, county and federal government agencies are impacted as well. SB 162 was sponsored by Health Officers Association of California. Many other organizations were also supportive of the split of the DHS, such as California Medical Association, Little Hoover Commission, and the California Public Health Association.
8. Who will be the CDPH Director and the DHCS Director?
 - a. The position of the Director of CDPH does not exist until the effective date of the reorganization, July 1, 2007. The Governor

- appointed the state's current Public Health Officer, Dr. Mark Horton, to be the new CDPH Director.
- b. Under SB 162 CDHS is renamed the DHCS. DHCS assumes all the duties and powers of CDHS for the programs that do not transfer to CDPH. As a result Sandra Shewry, the current Director of CDHS, automatically assumes the position of Director of DHCS.
9. SB 162 also creates a Public Health Advisory Committee. Is this necessary and what will the committee do?
- a. SB 162 creates a Public Health Advisory Committee that would operate until June 30, 2011, to provide expert advice and make recommendations on the development of policies and programs that seek to prevent illness and promote the public's health.
 - b. The committee would be comprised of 15 members: nine members appointed by the Governor, three members appointed by the Speaker of the Assembly and three members appointed by the Senate Committee on Rules. Committee members would serve voluntarily - without compensation - and meet at least twice per year.
10. How will the relationship between state public health and county public health be affected?
- a. The relationship will be strengthened.
 - b. A separate CDPH will provide strong central leadership, focus and coordination to the state's local public health officers.
 - c. A separate CDPH will improve communications and coordination among federal agencies and local public health officers.

Budget

11. How much will the reorganization cost?
- a. SB 162 requires that the CDHS split be budget neutral, which means there will be no increase in the baseline state funding for both CDPH and DHCS above the total baseline state funding for the former CDHS. Budget neutrality also means no increase in CDHS' overall position authority and no increase in state General Fund appropriations.
 - b. The reorganization will generate costs in four major areas: Space, equipment, and consulting; information technology hardware; personnel; and overhead. Space, equipment and consulting costs are one-time costs associated with splitting CDHS into two departments. Information technology hardware costs will be phased in over three state fiscal years. Personnel costs and overhead costs will be ongoing in the operation of CDPH and DHCS. All of the reorganization costs will be absorbed within the current baseline funding. For example, there will be one time costs to create offices

for the Director of Public Health and to buy new check writing equipment for the Department of Public Health's Accounting Section. There also will be ongoing costs, primarily associated with position upgrades or additional positions needed to manage or staff the core infrastructure units of any state Department.

- c. Budget neutrality will not be achieved at the expense of services to patients, clients, business partners and the public. In the long run, it is expected that there will be savings to the state through program effectiveness, decreased illness, injury and death rates, and improved protection in the event of an act of bioterrorism or major public health emergency.
- d. Space, Equipment, and Consulting: One-Time Costs include:
 - 1. Construction costs for new offices for the Director of Public Health was budgeted for \$800,000 based on DGS estimates.
 - 2. Moving and Telecommunication costs for approximately 200 staff that will be moved because of the reorganization were budgeted for \$100,000.
 - 3. Purchase costs for essential equipment needed for support of the two departments was budgeted for \$100,000.
 - 4. Change Management Office to assist management and staff in making the transition to two separate departments was budgeted for \$100,000. Additionally, \$184,000 was budgeted for the Public Health Institute to work on organizational and leadership issues for the new CDPH.
- e. Costs for Information Technology Hardware will be incurred as CDPH and DHCS divide CDHS' current IT network and computing assets. The preferred strategy is to engineer a "virtual" split of websites and email systems effective July 1, 2007, followed by a planned migration of communication network infrastructure, email infrastructure, websites, databases, and program applications to separate servers for each department. Both departments will share CDHS' existing equipment, space and staff operating the IT infrastructure via an Interagency Agreement. Each department will have its own Chief Information Officer, Information Security Officer, Project Management Office, and Application Support personnel. This will allow each department, after the migration is completed, to maintain optimal operating control and priority setting for its own Information Technology Services, while avoiding duplicate costs of having two separate operations housed in space specifically designed, built out, and equipped for IT purposes.
- f. Personnel Costs Will Be Ongoing. The reorganization will require 57 positions within CDHS to be redirected for key management and administrative functions in CDPH and DHCS. These redirected positions will be used for the Director of CDPH and one of the Chief Deputies; Deputy Directors and support staff for the Office of Legal

Services, Office of Civil Rights, Office of Legislative and Governmental Affairs, Administration Division, and Information Technology Services Division; and management and staff for Internal Audits, Financial Management, Personnel Management, and Information Technology Services.

- g. Overhead Costs will be Ongoing. Internal overhead costs (commonly called “distributed overhead”) include support of the Director’s Office, Legal Services, Information Technology, and Administration. Statewide overhead (commonly called Pro Rata and Statewide Cost Allocation Plan [SWCAP]) includes the costs of the state’s administrative functions performed by entities such as the Department of Finance, the State Controller’s Office, State Treasurer, and the Department of Personnel Administration. Internal and statewide overhead costs are distributed among all of CDHS’ program funds. Statewide overhead, under the reorganization, will be assessed to each department. However, the reorganization will change the departmental funding mixes in CDPH and DHCS, thereby affecting the allocation of overhead costs, as well as distributed administration, to individual funds.

12. How will the Department cover the costs of the reorganization?

- a. CDHS must absorb the costs of the reorganization from its internal resources in order to meet the budget neutrality requirements of SB 162. All of these costs will be absorbed within the current overall baseline budget.
- b. Reorganization costs incurred during State Fiscal Year (SFY) 2006-07, in preparation for splitting CDHS into CDPH and DHCS, will be allocated to programs and funds using CDHS’ current distributed overhead process. For SFY 2007-08 and thereafter, reorganization costs will be built into the distributed overhead budgets in both CDPH and DHCS.
- c. The amount of these costs will vary from SFY 2006-07 because:
 - 1. One-time costs in 2007-08 will be less than 2006-07.
 - 2. The staged costs for IT will phase in for three years beginning in 2007-08.
 - 3. Ongoing costs for key management and administrative positions will be for full fiscal year periods.
 - 4. The current funding mixes in each department will change to reflect the placement of programs under the reorganization.
- d. While the funding for reorganization costs will be spread among CDHS programs (and the various programs in CDPH and DHCS in the future) using the distributed overhead process, the department opted to redirect position authority for the 57 needed positions by applying a program’s relative percentage of positions within the department, after exempting the Office of Legal Services,

Administration Division, Information Technology Services Division and Licensing and Certification from having to redirect positions. Since Legal Services, Administration, and Information Technology Services received redirected positions to perform essential functions related to the reorganization, including them with other programs redirecting positions would be a self-defeating exercise. The Department exempted Licensing and Certification (L&C) because it had just received a major position augmentation to perform essential workload, and redirecting positions would be contrary to the expectations of the Administration and the Legislature for L&C's performance.

13. What is the status of the budget?

- a. Most of the Budget work is complete. The Spring Finance Letter was a cleanup and adjusted funding levels. Please refer to the following website for additional information on the Governor's Budget:

<http://www.ebudget.ca.gov/StateAgencyBudgets/4000/agency.html>

14. Will there be changes in the accounting, fiscal structure for DHCS? How will employees be informed of these changes?

- a. Yes, the Index and PCA codes will be updated for DHCS. The proposed Index and PCA structure for CDPH has already been sent to Deputy Directors and programs for review. Necessary changes to the Index and PCA structure to implement the MCS reorganization and incorporate PCFH programs are being reviewed by Administration. Revised draft Index and PCA structures for DHCS will be forwarded to Deputy Directors and programs for review.

15. Will programs/employees need to do anything regarding General Services Charge Cards?

- a. Currently, DHS uses both the 83XXX and 85XXX number series for the DGS codes/blue charge cards. The 83XXX code series is primarily used by Public Health programs and the 85XXX code series is primarily used by Health Care programs, although there has been some cross-over in assignment of numbers between programs over the years. A memo, dated May 7, 2007, was sent to all programs with a list of the DGS codes/blue charge cards that will be cancelled. Programs were asked to respond by May 10, 2007, to indicate if the DGS codes/blue charge cards assigned to the programs are still needed.

CDPH employees/programs that currently use number series 83XXX and 85XXX DGS code/blue charge cards will need to return the cards as these numbers will be cancelled. CDPH

employees/programs will be issued a new block of currently unused numbers in the 83XXX series to create the new DGS codes/blue charge cards for CDPH.

DHCS employees/programs that currently have DGS codes/blue charge cards in the 83XXX number series will need to return the cards as the numbers will be cancelled and request new cards in the 85XXX codes number series as necessary.

The Administration Division will provide instructions for the disposition of cancelled cards at a later date.

Communication

16. How will employees be notified when something needs to be done?

a. There will be three types of Program Notifications:

1. **Action Notices** that indicate a program needs to take some kind of action was sent out on Friday, 4/20/07. The Action Notice subjects included: Organization Charts, Mail Stop Codes and Post Office Boxes; Forms, Records Retention Schedules, Petty Cash Funds, and Grantor and Contractor Notifications.
2. **Information Notices** will be sent out week of 4/23 and 5/7 and includes information on parking plan (DHCS will maintain single list for one year.), personnel priorities, joint examinations, Post & Bid, vehicle assignments, CALATERS, Administration Information Memos; phone lines, warehousing, new AMX cards, EFR/CORE Access, restacking plan, DGS Cards, update of employee directory, etc. Personnel priorities will change as we approach July 1, 2007:
 - Position redirection and reclassification: RPAs must be submitted ASAP.
 - Due to anticipated workload in May and June, RPAs related to positions subject to Government Code Section 12439 must be submitted to Personnel ASAP so they can be processed timely to ensure that positions are not lost.
 - In June, Personnel's top priority will be the splitting of records to support two separate Personnel operations as of 7/1/07 per requirements of control agencies.
3. **Specific separate notices** will be sent out as needed if an issue or need for additional information is identified.

17. Will Administration provide scripts for voice mail and instructions for email like they did when we moved into the EEC?

- a. The Administration Division reviewed the instructions provided for the move to the East End and has determined that specific instructions regarding the current moves will be provided through the move coordinators for each program as necessary.

Contracts

18. At what point do we change the name on contracts?

- a. For new contracts effective 7/1 or thereafter, use new name of the Department. For existing contracts continuing beyond 7/1/07, SB 162 allows for transition without name change.

19. Will the Department split require amendments to current contracts and/or inter-agency agreements left with CDHS (and/or the ones moving to CDPH)?

- a. Program managers and the Office of Legal Services (OLS) have identified the areas which will require Interagency Agreements or Memoranda of Understanding between CDPH and DHCS. If you think of a process or program area which will need to be considered, please tell your supervisor so we can add them to the list.
- b. A survey conducted by CDHS OLS resulted in the identification various topics for Interagency Agreements (IA). OLS attorneys are working with CDHS program office to review these topics and shepherd critical IAs through the process by July 1, 2007.
- c. CMU has updated its "State Agency" model to provide some revised forms to address the need for IAs. Programs that are preparing IAs should be able to follow the "State Agency" contract model in CMU's Public Folder, using these specifically tailored forms where necessary, to prepare the IAs.
- d. Even with expedited treatment, review of these IA may take weeks, and ensuring that all "critical" IA are approved by 07/01/07 will require ongoing monitoring.

20. How will the fund transfers and procedures between the new Departments be handled?

- a. There will not be transfers per se between the departments. Any transfer of funds after the split will be covered by interagency agreements and treated as expenditures in the department giving the funds up with the usual requirements for paying invoices in place and treated in the receiving department as reimbursements with the usual procedures.

21. What contracting resources will be available to employees when the Department splits?

Upon initiation of the reorganization, both departments (DHCS and CDPH) will have access to the same contracting resources that are available today.

Emergency Preparedness

22. Since the new CDPH won't begin operations until July 1, 2007, are we less prepared now than we should be for a public health emergency?
 - a. Emergency preparedness is one of the highest priorities of the California Department of Health Services. The high level of activity focused on public health preparedness currently underway will continue during the reorganization.
23. Why doesn't the new CDPH report to the Governor, as the state Office of Emergency Services does?
 - a. The CDPH services and programs is much broader than Emergency Preparedness.
 - b. The new CDPH, with its focus on public health preparedness, is best housed in an agency with other departments with which it must work closely during disaster response, including DHCS, EMSA, OSHPD, DMH, DSS and others.
 - c. Separating the new department from Agency risks creating institutional barriers to optimal collaboration and cooperation across departments.
24. How will establishing a separate CDPH will increase attention to emergency preparedness and core public health activities?
 - a. Emergency preparedness is a top priority for Governor Schwarzenegger.
 - b. The importance of public health bioterrorism and disease outbreaks demands the full attention of a in responding to natural disasters, separate CDPH.

Information Technology Application Support

25. Who is responsible for duplicating applications not supported by Information Technology Services Division (ITSD)?
 - a. The programs are responsible for duplicating applications that are not supported by ITSD. Program offices can find out more information about ITSD supported applications at the following intranet website: <http://intranet.dhs.ca.gov/Reorg-IT-Update.ppt>
26. Fifteen administrative applications have been identified to be "cloned", or duplicated to ensure common functionality. How will this affect the support Medi-Cal Application Section (MAS) currently provides?

- a. It's true because of the split, MAS will acquire administrative applications, but they will also inherit the necessary resources to support them; so we don't anticipate any changes in the current level of support.
27. Will ITSD provide training to the end-users on the duplicated applications prior to the split?
- a. No. Because these application are not new. It will be the responsibility of the business programs to provide training and knowledge transfer to the end-users of the duplicated applications.
28. Will ITSD provide updated user guides/manuals?
- a. Yes, ITSD is updating application documentation required to maintain and support the duplicated applications. ITSD programmers and analysts are considered the target audience of this application documentation.
29. How will the CDHS employees request service from ITSD?
- a. Business as usual—Business programs can contact the ITSD Service Desk at 440-7000 or 1-800-579-0874 and open a ticket. In addition, business programs may contact ITSD support staff for direction and assistance.

Information Technology Infrastructure Support

30. Will the Outlook Email Exchange server be available for everyone?
- a. Yes. Outlook Email Exchange will be available for all exchange users including state staff and contractors.
31. For infrastructure support, will the costs be the same as they cost now?
- a. The costs for infrastructure support will follow share of cost protocols. Each Department will have costs allocated based upon the number of staff and programs. ITSD is beginning to work on the details with the program offices and Administration Division.
32. Will both Departments be able to respond to questions that they receive from their original email addresses?
- a. Yes, however the old email addresses will be retired at some point in the future. New generic Department email inboxes will be assigned to the same staff that monitors existing mailboxes.
33. How many Intranets will there be?
- a. There may be one Intranet for CDPH and one for DHCS. The details still need to be worked out; however, the existing Intranet will continue until the separates Intranets are up and running 1/04/08.

34. Will there be Intranet websites for both CDPH and DHCS?
a. Yes, there will be a new Intranet website for each department.
35. Will the current DHS Intranet website be available after July 1st?
a. Yes and both departments will have access.
36. What is my new email address?
a. Firstname.lastname@dhcs.ca.gov or
firstname.lastname@cdph.ca.gov
37. Will my messages be lost if people send them to my current email address?
a. No. Your current email address will be supported after July 1st. Messages sent to your old email address will be directed to your inbox.
38. How long will the current email address be available?
a. No decision has been made at this time.
39. Will my BlackBerry work after July 1st?
a. Yes, you can expect the current functionality to be available on your BlackBerry after the reorganization.
40. Will current program websites be accessible after July 1st?
a. Yes, ITSD will continue to support existing program websites after July 1st.
41. Will current program Internet websites be linked to the new Internet websites?
a. Yes
42. Will the current DHS Internet website be available after July 1st?
a. Yes. The current DHS Internet website will be available until January 2, 2008.
43. Will the current DHS Internet website have links to the new Internet websites?
a. Yes
44. Will the new Internet websites have links to the current CDHS Internet website?
a. Yes
45. What is the format for the new Internet website?

- a. The new website is consumer oriented. There is an internal workgroup working on format and updating content. The review process involves OPA. Target date is 7/1/07.
- 46. When must existing Internet websites be converted to meet the new State's standard?
 - a. We are not converting the current CDHS Internet website. However, the content of the current Internet website must be migrated to the appropriate new Internet website by January 2008.
- 47. Who will be responsible for website conversions?
 - a. Business programs are responsible for content.
- 48. Will the existing Centralized Service Desk support both CDPH and DHCS after the split?
 - a. Yes, for the next three years.
- 49. Who do I call if I have computer problems?
 - a. There may be some exceptions, but you will call the same people who you are calling today.

Information Technology Project Planning and Management

- 50. Will I be dealing with different people on my projects than I am now?
 - a. Every effort is being made to maintain the continuity of services appropriate for your needs. Project Managers have been assigned to departments based upon the projects they are managing and directing, and Planning and Oversight staff will continue to assist with efforts underway at this time. Every attempt is now being made to make assignments consistent with staff placement after July 1st.
- 51. Will both departments have useful intranet websites that can help me get the information I need for project authorization and execution?
 - a. Yes
- 52. After the split will the process for getting projects approved change for either of the Departments?
 - a. No. The state-level processes as defined in SAM 4800 will remain the same. Processes internal to CDHS will be addressed in an IT governance study and recommendation that is currently underway and will be made available to each department when it is completed. Each department, with their Planning and Project Management Branch (PPMB) will make decisions about their own internal processes for project authorization.

53. What about the rules for managing projects?
- a. As with project approval processes, those project management processes specified by state policy will apply to both departments. Each department will decide whether to adopt recommendations made in the IT governance framework with its PPMB.
54. What will the delegation threshold be for the DHCS and for CDPH?
- a. CDHS' threshold is currently \$500,000. The Department of Finance (DOF) Office of Technology Review, Oversight and Security (OTROS) sets this threshold and we have requested an upgrade to \$1M for both departments. The following link contains the threshold for all departments:
<http://www.dof.ca.gov/OTROS/OTROSStateAgencyInformation.asp>

Legal

55. Who will be the point of contact for Public Records Act in the new CDPH?
- a. While OLS has provided PRA training and compile a list of CDHS PRA contacts, most PRA requests will come directly to the program. OLS is available to respond to any questions that the program may have regarding PRA. OLS will ensure that there will be someone in each department to perform all of the functions now performed by OLS in CDHS.
56. Since some programs will be going to Public Health, who will be taking care of CDPH HIPAA compliance needs?"
- a. The Office of HIPAA Compliance (OHC) will be in DHCS and continue to provide services to both departments through an interagency agreement. Stephen Stuart will be the Privacy Officer for CDPH and will be available to assist with HIPAA-related questions.

Legislation

57. Since the legislative cycle is based on calendar year, how will bills that cross over into both Departments be handled?
- a. Legislative and Governmental Affairs (LGA) is identifying all bills that will cross over into both departments and will ensure that cross over bills are assigned to both the Department of Health Care Services (DHCS) and the Department of Public Health (DPH) when the department splits on July 1, 2007. This includes bills that are currently assigned to a primary division/program and secondary division/program that will be in separate departments after July 1, 2007 and bills that must be duplicated because they are being analyzed by support programs and will impact both departments (e.g., Office of Legal Services, Administration, Office

of Civil Rights, Information Technology Services, or LGA). LGA will ensure that bill files are duplicated so that bill history and all prior bill analyses are available as a reference to LGA and program staff in both departments. Both DHCS and DPH will prepare separate Enrolled Bill Reports on bills that go to enrollment and are assigned to their department after the July 1, 2007 split.

Mail

58. Is there a new mailing address for the new CDPH?

- a. The Action Notice sent out on 4/20/07 identified new post office box numbers and mail stop codes for CDPH. Please also refer to question #14 under Communication.

Organizational Structure

59. What is the status of assigning or splitting of employees in Administration and how was the decision made?

- a. The splitting of employees in support units is all complete. Working with the unions, three criteria were used to assign employees to the two Departments:
 1. The workload was attributed to a specific Department. This affected approximately 470 employees.
 2. Specific skill sets needed to balance the two Departments and then choice by seniority. This affected approximately 40 employees.
 3. Employee had Full choice. This affected approximately 230 employees.
 4. Of the approximately 740 total employees affected, nine non represented employees did not receive choice and eleven represented employees did not receive choice. When vacancies exist in their preferred department, they can apply.

60. What organizational changes have occurred in Administration?

- a. Detailed Administration organization charts will be distributed soon:
 1. Fiscal Forecasting—no change
 2. Financial Management—today there are two units (Budget analyst and Technical staff). There are no longer two separate units. The workload is combined; employees share both responsibilities.
 3. Accounting Section—today organized by program. New Departments will be organized by functional lines like most other departments:
 1. Desk for Travel
 2. Desk for Invoices

4. Personnel—name changed to Human Resources.
5. Office of Labor Relations will combine with Human Resources.
6. Program Support Branch—no change

61. I notice that the Office of Women's Health will be in DHCS and the Office of Multicultural Health will go to CDPH. Don't both of these offices serve the wide spectrum of programs throughout CDHS? What gives?

- a. Historically, both offices have provided advice about women's or multicultural health issues across all the programs in CDHS. However, these offices are too small to split between both departments and have them maintain their effectiveness. So, CDHS management decided, in consultation with the offices' advisory groups, to keep them intact and share their expertise and advice between the two departments. SB 162 places the OWH in DHCS and the OMH in CDPH, requires each department to share in the cost of their operations through an interagency agreement, and charters the offices with advising both directors on matters of concern to their respective constituencies.

62. How will I know which Department I will be working for?

- a. The division of the programs between the two Departments was done in a manner that would promote the shared mission of the two new Departments: To protect and improve the health of all Californians.
- b. SB162 (Ortiz) identifies the specific programs that will be transferred to CDPH by program name, by statute reference, or by current Deputy Director responsibility, including Prevention Services, Licensing and Certification, Health Information and Strategic Planning, and Public Health Emergency Preparedness. Functions transferred to CDPH from Primary Care and Family Health includes the Women Infants and Children Program, the Genetic Disease Branch, Maternal, Child and Adolescent Health, and the Office of Family Planning. The California Conference of local Health Officers also will be transferred to CDPH.
- c. The programs in the Children's Medical Services Branch of Primary Care and Family Health, including the California Children's Services Program, the Child Health and Disability Prevention Program, the Genetically Handicapped Persons Program, the Health Care Program for Children in Foster Care, the Medical Therapy Program and the Newborn Hearing Screening Program, will remain in the DHCS. The programs in the Primary and Rural Health Care Systems Branch, including the Expanded Access to Primary Care Program, the Grants-in-Aid for Clinics Program, the Indian Health Program, the Seasonal Agricultural and Migratory

Workers Program and the State Office of Rural Health, also will remain in the DHCS.

- d. SB 162 provides that the Office of Women's Health and the Office of Multicultural Health, and their advisory councils will not be split between the two departments as part of the reorganization. Both Offices are small and to divide the staff between two new Offices would result in their inability to meet their missions. Instead, they will remain intact, one Office of Women's Health in DHCS and one Office of Multicultural Health in CDPH. The Offices will serve both Departments.
- e. The Office of Clinical Preventive Medicine will remain in the DHCS, to provide a link between the public health programs in CDPH and DHCS and to provide a public health perspective to the policy-making process for the health care delivery systems administered by DHCS.
- f. All other programs will remain with DHCS.

63. Does this Departmental split include Administrative Offices like Personnel?

- a. Yes, it does. Offices like Personnel, Accounting, Legal Services, Legislative Affairs, Public Affairs, Audits, Civil Rights, Information Technology Services— all those currently providing services and support to both public health programs and Medi-Cal— will be split between the CDPH and the DHCS.

64. If I work in an office being split, how do I know where I'll be working?

- a. For offices being split there are three factors for assigning staff to one department or another. First, if the entire administrative unit is performing work specific to one department, all the staff in that unit will go to that department. Second, if each department requires staff with skills-based business expertise (e.g., technical accounting systems, feasibility study report development, etc.), staff with that expertise will choose which department they will be in based upon their state service seniority scores. Finally, all other staff will select the department they will work in based upon their state service seniority scores. These splits were finalized in March and posted on the CDHS intranet at <http://admin.int.dhs.ca.gov>.

65. How will I know who my supervisor will be?

- a. Supervisors, managers, and confidential employees in units being split will go through the process outlined above. Only, they will go through the selection process before represented employees do, and the Department will make these assignments known to represented employees before their selection process begins. That way represented employees can factor in who will be supervising a particular unit, or, in the case of several units performing the same

functions, which is in the pool of supervisors, as part of their decision making. These splits were finalized in March and posted on the CDHS intranet at <http://admin.int.dhs.ca.gov>.

66. When will the Department organizational charts be available for viewing?

- a. For more information about the CDHS reorganization including mission, background, organization charts and frequently asked questions, go to the following website:

<http://www.dhs.ca.gov/home/organization/reorganization>

Personnel

67. Are the redirected positions open and ready to be filled?

- a. Most positions associated with the reorganization are posted, and recruitment is underway. More information about these positions can be found at the following websites:

http://www.spb.ca.gov/Employment/wvpos_index.htm

<http://www.dhs.ca.gov/jobs/html/ceaexam.htm>

<http://jobs.spb.ca.gov/bull%5Fusers/>

68. If a position currently in CDHS Admin is being paid for by “special funds”, what happens to that position/staff?

- a. Generally, if an administrative staff person is performing work specific to a program funded by “special funds”, that person’s position will go to the department where the workload goes. However, the proposed employee placement process takes into account critical skills and employee seniority within organizational units in the assignment/placement of impacted staff, so the particular person currently doing the work may or may not remain in the “special funded” position.

69. Will position numbers change?

- a. Yes, all position numbers will change for the CDPH due to the new agency code of 580. In addition, some position numbers will change in DHCS and CDPH due to internal restructuring and reorganizations.

70. Will employees be notified by their current branches of possible choices in employment opportunities?

- a. Recruitment for vacant positions resulting from the reorganization will follow the normal advertising/vacancy announcement process currently in place. Be sure to regularly check the vacancy list on the Department’s website for these opportunities.

71. How will promotional examinations be handled?

- a. CDPH employees can take promotional exams in DHCS up to three years; however, DHCS cannot take CDPH exams. SPB cannot waive the rule; therefore joint exams will be used for classifications used by both Departments.
72. How will Post and Bid positions be handled?
- a. Post and Bid positions will be temporarily suspended June 1st to July 31st. The remaining Post and Bid slots will be allocated proportionally between CDPH and DHCS.
73. Will there be an exemption to positions affected by Section 12439?
- a. No. Get your Request for Personnel Action in NOW. Do not wait until June. The Department met with the Department of Finance (DOF) about managing the redirected positions in light of Government Code 12439, specifically about approving appeals to reinstate any redirected positions if they were vacant longer than six months due to the reorganization transition schedule. Based upon this meeting, DHS agreed to provide DOF with a list of the 57 positions that will be redirected. None of the positions can already be vacant for six months (and thus already subject to Government Code 12439). If the positions subsequently remain vacant for six months, DOF cannot prevent them from being subject to 12439, but they will approve reinstatement of those positions for the reorganization. All other positions will follow the existing Self certification/appeal process to DOF.
74. Should new organization charts reflect new BCP positions?
- a. Yes. Be sure to highlight them and label as BCP positions.
75. What will happen to the current exam lists?
- a. The current exam lists will be used by both Departments.
76. If our existing division is broken up and merged with other organizations in the new organizational structure, can we get SROA or Surplus employee status so we can apply for other job vacancies?
- a. The reorganization will not eliminate any existing program functions or cause the department to be in lay off mode. There will be some changes in programmatic reporting relationships, and there will be internal redirection of a few dozen positions to new functions. Employees in impacted positions will be placed according to the department's existing procedures. We do not anticipate the need to designate anyone as "surplus" or "SROA."
77. I took an exam with CDHS and I am on the list. What will happen to my eligibility on this list when the Department splits?

- a. Once CDHS splits, all lists that resulted from examinations given by CDHS will belong to DHCS. However, there will be an agreement between the two new departments that allows CDPH to use the DHCS lists to make appointments. This will be the case until CDPH gives its own examinations for each specific classification.

78. What will happen to examinations that are still in progress on July 1, 2007?

- a. Examinations in progress for classifications used only by CDPH or DHCS will result in lists for that specific department's use. Exams in progress for classifications that are used by both departments will remain with the DHCS, with agreement that these lists can also be used by CDPH until it gives its own examination for the specific classification.

79. If I move to CDPH, can I take promotional exams for DHCS and vice versa?

- a. The Department's Personnel Management Branch asked the State Personnel Board this question. SPB responded that, by rule (CCR 235), employees who have left a state department have a right to take promotional examinations given by their former department for a period of three years. Consequently, CDHS employees who move to CDPH will be allowed to participate in promotional exams given by DHCS because it will be deemed their former department.
- b. However, since CDPH will be a newly created department, employees assigned to DHCS will never have worked in CDPH and therefore do not qualify to participate in promotional exams given by CDPH. The Department asked SPB for a waiver of this provision; but, although sympathetic to the situation, SPB does not have statutory authority to waive the rule.
- c. To provide comparable promotional opportunities for current CDHS employees, CDPH and DHCS will make every effort to coordinate future testing for classifications used in both departments, either by scheduling examinations at the same time or by holding a multi-departmental examination so that both departments can make appointments from the same list.

Procurement

80. I order printed material (program brochures, marketing material, etc.) for my program. Should I revise the material to reflect the name of the new department? What are the guidelines for the use of the current California Department of Health Services' logo beyond June 30, 2007? Also, will the approval process for printed material remain the same?

- a. Programs should plan on using up their existing supplies of printed materials by midsummer. If you are ordering a supply of materials

that will be exhausted by then, don't worry about revisions to reflect the name of your new department. If your order will take you well into next state fiscal year, the material should reflect the name of your new department and its new logo. However, no printed or other materials should go out publicly bearing the name "California Department of Public Health," prior to July 1, as CDPH does not exist until that date.

- b. The Department announced a contest to design logos for both departments. The winners will be announced in April.
- c. The approval process for printed material will remain basically the same as it is now. Programs should start working on making needed programmatic revisions to their materials and changing the name of the department, leaving a "placeholder" spot for the new logo. Then they should initiate the review and approval process of the revised material so that, once the new logos are unveiled, they can incorporate them into their material and submit their approved production orders in April, 2007.

Space

81. Will redirected programs and staff transitioning to the new CDPH be changing office location?

- a. The reorganization involves minimal physical relocation of approximately 200 personnel. The Department decided not to move organizational units to align the East End Complex buildings according to departmental affiliation. The overwhelming majority of CDHS employees will remain in their current locations after the reorganization takes place.
- b. The largest relocation impact will be the "build out" of offices for the Director and Executive Staff of the California Department of Public Health. Current plans are to house these executives on the seventh floor of Building 173 (1615 Capitol Avenue) in the space previously occupied by the Office of Civil Rights and Licensing and Certification's Provider Certification Section. There will also be some staff movement associated with splitting offices like Legal Services, Financial Management Branch, Office of Public Affairs, Personnel Management Branch, etc. The reorganization will not cause relocation of the Department's Field Offices, although some offices may expand or move because they have significantly increased their staff due to BCPs or new legislative mandates.

82. What is the status of Space Planning?

- a. There are two concurrent efforts associated with space planning. One is improving the space utilization of the East End Complex and the second is related to the departmental split and reorganizations. Many support programs for both departments will be co-located.

For example, the Human Resources Branch, Accounting Section and Office of Legal Services will share the same space. No program is moving out of the East End Complex.

The move plan and schedule were provided to program deputies and other members of the executive management team on May 11, 2007. The moves will begin in mid-June and continue into August. The plan for the moves will be published on the reorganization website. This plan will provide general information related to the buildings and floors where programs will be moved and the anticipated start dates for the moves. Specific plans for programs moves (employee cubicle or office location) will be developed with the programs that are being moved.

Move coordinators are being identified for each of the programs and they will work with the Program Support Branch to work on the specific moving plan details, including employee cubicle or office assignment, storage space and telephones.

- 83. Will programmatic issues be considered for timing of moves?
 - a. Yes
- 84. Will there be training of staff in accounting, IT, personnel, new staff, contracts, etc.?
 - a. New staff will have access to training appropriate to their position. Supervisors will provide for the necessary training of new staff.

Warehouse

- 85. Where will forms be stored for each of the new Departments?
 - a. Forms stored in the warehouse in Sacramento will continue to be stored in the warehouse in Sacramento. There will be two CDPH warehouse employees assigned to the Sacramento warehouse. CDPH will have an interagency agreement with DHCS for the Sacramento warehouse space.